

Framework for the 2012-2015 DCF Strategic Plan Revised June 2013

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Update for the DCF Continuum of Care Partnership

June 12, 2013

The mission: Healthy, safe, smart and strong

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DCF Mission Statement (March 2011)

*In partnership with families and communities,
we will advance the health, safety and learning
of the children we serve both in and out of school,
identify and support their special talents,
and provide opportunities for them
to give back to their communities and
to leave the Department with
an enduring connection
to a family.*

If we are successful, the children we serve will be...

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HEALTHY

Experience age-appropriate
cognitive, physical,
behavioral-emotional, and
social development

Have a permanent connection
with a family

SAFE

Experience safety at home, at
school and in the community

Make positive behavioral and
life choices

**Optimal
Health &
Wellness**

SMART

Achieve educational success

Develop special interests and
talents

STRONG

Develop internal resilience in
the face of trauma, adverse
experiences, and inequity

Connect with protective factors
in their community

DCF Organizational structure as of June 10, 2013

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Commissioner Joette Katz	Deputy Commissioner for Operations Janice Gruendel	Deputy Commissioner for Administration Fernando Muniz	Chief of Planning & Quality Improvement Susan Smith
Deputies & Chief of Planning DCF Development Director Policy & Licensing Unit Six Regional Administrators Adolescent & Juvenile Justice Services CT Juvenile Training School Citizen Advisory Councils	Unified School District #2 Health & Wellness Clinical and Community Consultation & Support Albert J. Solnit Children's Center, North & South CT Health Care Cabinet DCF Continuum of Care Partnership DCF Academy for Family & Workforce Knowledge & Development	Fiscal Services Human Resources Change Management Strategic Financing Committee USE Committee Liaison with the <i>Juan F.</i> Court Monitor DCF Continuum of Care Partnership DCF Academy for Family & Workforce Knowledge & Development	24-hour CARELINE Office for Research and Evaluation Program Review and Development/ Administrative Case Review/ Special Investigations Unit Community Based Services Outcomes Committee Ombudsman's Office DCF Needs Assessment Committee

DCF regional and institutional leaders

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Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Bridgeport Norwalk Stamford	New Haven Milford	Middletown Norwich Willimantic	Hartford Manchester	Waterbury Danbury Torrington	New Britain Meriden
Maria Brereton Regional Administrator	Michael Steers Regional Administrator	Allon Kalisher Regional Administrator	Michael Williams Regional Administration	Kenneth Cabral Regional Administrator	Terry Nowakowski Regional Administrator
Albert J. Solnit Center, North and South Michelle Sarofin Superintendent			CT Juvenile Training School, Boys and Girls Units William Rosenbeck Superintendent		

Cross-cutting themes provide a common direction

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DCF's Cross-Cutting Themes

1. implementing strength-based family policy, practice and programs;
2. applying the neuroscience of early childhood and adolescent development;
3. expanding trauma-informed practice and culture;
4. addressing racial inequities in all areas of our practice;
5. building new community and agency partnerships;
6. improving leadership, management, supervision and accountability; and
7. becoming a learning organization.

Continuum of Care Partnership Principles

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Nine Principles to Guide Change

(adopted December 2011 by the Continuum of Care Partnership)

1. Increase attention to the health, well-being and educational success of all children and youth in the DCF system, based on demonstrable outcomes
2. Increase attention to meeting the needs of younger children so as to reduce the pipeline of middle childhood and adolescent youngsters needing a long-term engagement with DCF
3. Family-based regional and community services are the presumptive service context
4. Expand early and proactive use of in-home family and child supports to prevent the need for placement and to promote children's well-being
5. Expand the use of family foster care, especially relative care, decreasing the use of congregate care settings overall, especially for young children, and systematically returning youngsters from out-of-state placements

Partnership principles continued

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Principles to Guide Change (continued)

6. Increase the direct participation of youth, parents and family members in the case process from entrance to exit
7. Achieve compliance with case planning and service requirements of the Juan F Consent Decree
8. Redesign and realignment of agency resources over time to address changes in agency policy and to improve program results, including reinvestment of resources from congregate care to family-based community services and supports
9. Invest in essential infrastructure, including data systems development and use for strategic planning, communications and accountability, and expanded training partnerships.

Framework for the Plan

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- Manage DCF operations and change (Strat. 8)
- Maximize revenue and develop new investment resources (Strat. 9)

Results-based agency management

Yields more effective services

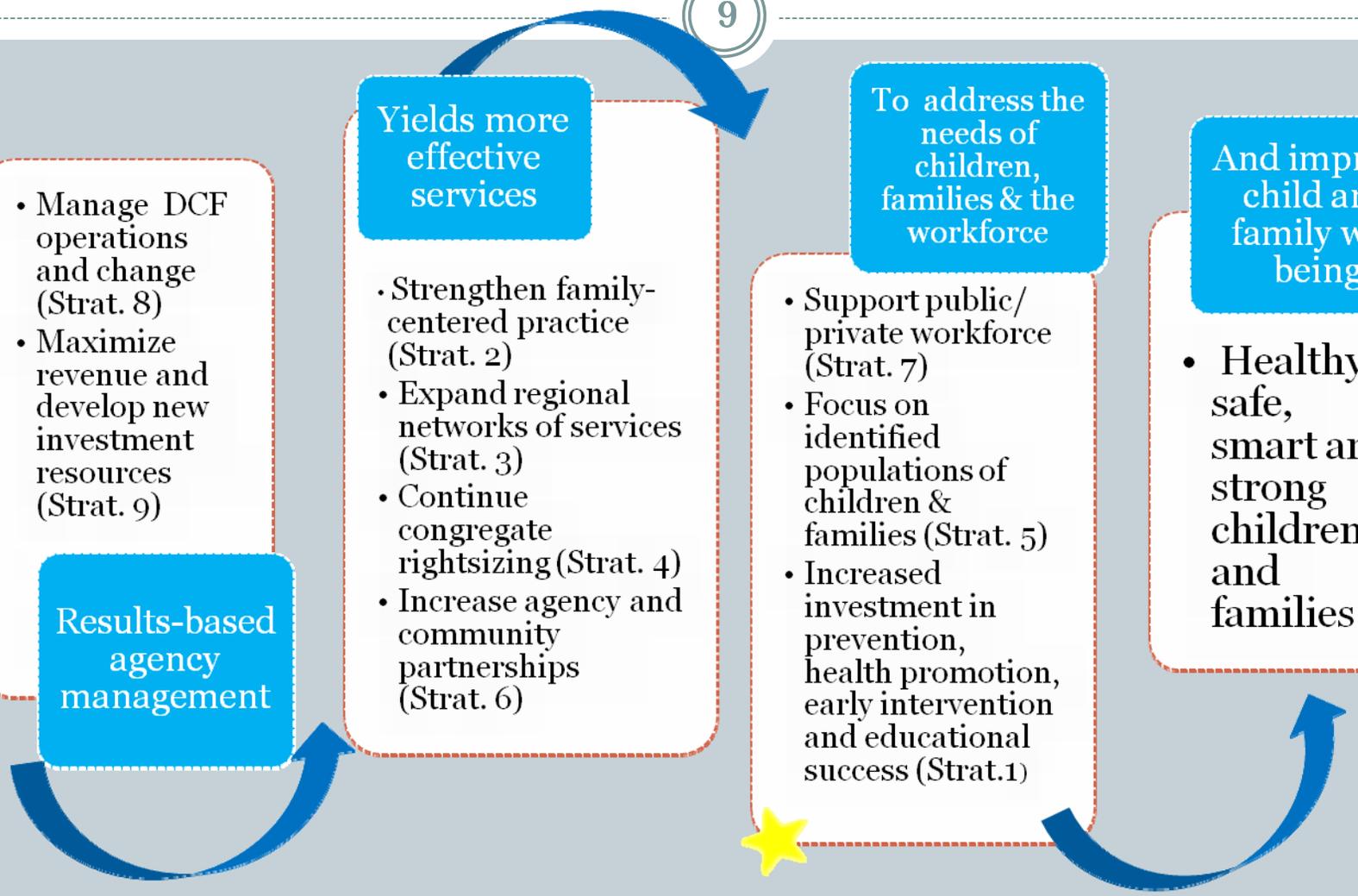
- Strengthen family-centered practice (Strat. 2)
- Expand regional networks of services (Strat. 3)
- Continue congregate rightsizing (Strat. 4)
- Increase agency and community partnerships (Strat. 6)

To address the needs of children, families & the workforce

- Support public/private workforce (Strat. 7)
- Focus on identified populations of children & families (Strat. 5)
- Increased investment in prevention, health promotion, early intervention and educational success (Strat.1)

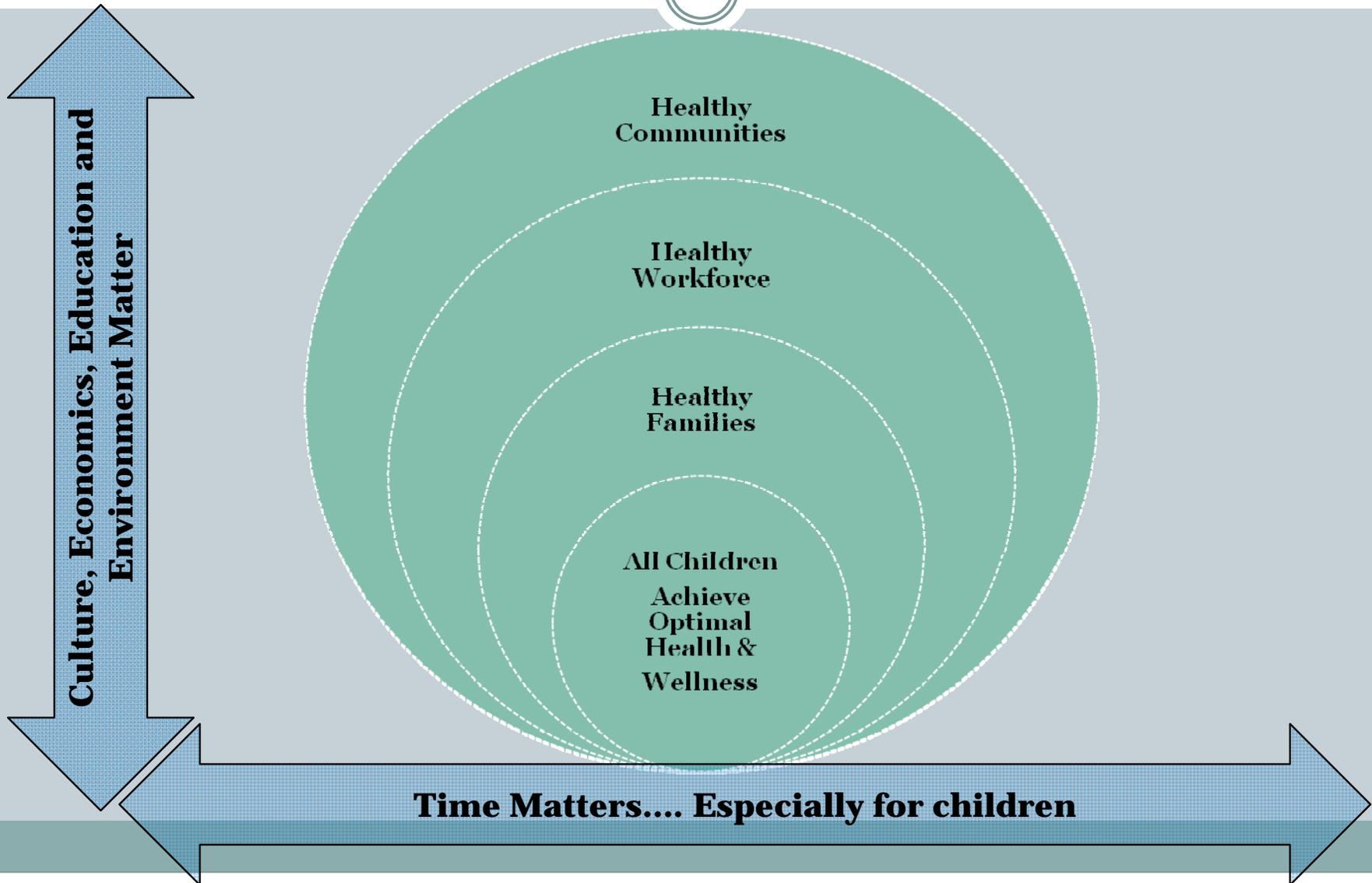
And improve child and family well being

- Healthy, safe, smart and strong children and families



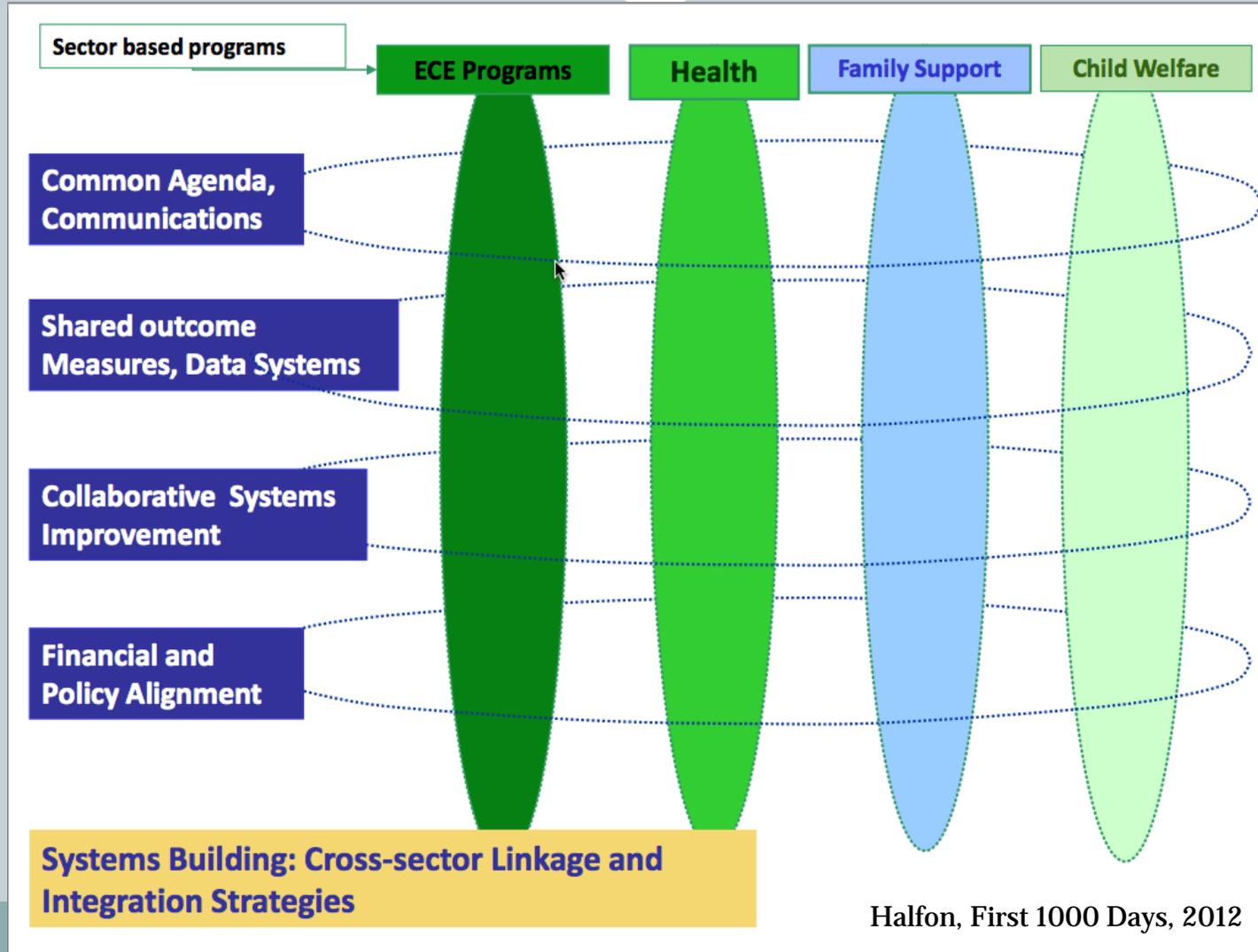
To promote the health and well-being of all children,
we will need partners *and* to be attentive to context...

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....and we will need a “system”

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We will also anchor the Plan in RBA

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**The Three Key
Results Based Accountability Questions**

How much did
we do?

How well did
we do it?

Is anyone
better off?

CT RBA “Population Results” and DCF contribution

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CT RBA Population Results Statement

*All Connecticut children grow up stable, safe and healthy,
and ready to lead successful lives.*

DCF contribution to the CT Results Statement

*All children we serve at DCF grow up
healthy, safe, smart and strong.*

The strategies more detail

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Nine Strategies and their Core Areas of Work

1. Increase investment in prevention and health promotion
2. Apply strength-based, family-centered policy, practice and supports agency-wide
3. Develop or expand regional networks of in-home and community services
4. Congregate rightsizing and redesign
5. Address the needs of specific populations
6. Support collaborative partnerships with communities and other state agencies
7. Support the public and private sector workforce
8. Increase the capacity of DCF to manage ongoing operations *and* change
9. Improve revenue maximization and develop reinvestment priorities and methods

Moving a prevention agenda...

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Strategy #1: Advancing DCF investment in prevention, health promotion, early intervention and educational success

- 1.1 Implement the DCF Health and Wellness Framework
- 1.2 Implement the DCF Education Framework
- 1.3 Develop and implement a DCF Early Childhood Framework
- 1.4 Increase agency work and investment in prevention
- 1.5 Expand internal and external partnerships to advance racial, health and educational equity [NEW]
- 1.6 Develop a child and family statewide mental health plan for all children [NEW]

Note: CT State law requires prevention investment as public policy

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- ❑ 2004 Public Act 04-238, *An Act Concerning Child Poverty...* requiring the State to prepare a plan to reduce child poverty by 50% within 10 years. Services and supports to combat poverty identified in PA 04-238:
 - Vocational training and educational opportunities -- Housing for parents and children -- Day care, afterschool and mentoring programs for children and single parents -- Health care access, including mental health and family planning services -- Treatment programs, including for substance abuse -- Childhood nutrition programs
- ❑ 2006 Public Act 06-179, *An Act Concerning State Investment in Prevention* requiring that all state agencies commit at least 10% of their respective budgets to prevention defined as policies and programs that – “promote healthy, safe and productive lives and reduce the likelihood of crime, violence, substance abuse, illness, academic failure and other socially destructive behaviors.”

...federal law requires specific attention to health

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Fostering Connections to Success and Increasing Adoptions Act (2008)	Develop a plan for the ongoing oversight and coordination of health care services for <u>children in foster care placements</u> including (a) a coordinated strategy to identify and respond to foster children's health care needs and (b) a schedule for initial and follow-up health (including mental health and dental) screening, the monitoring and treatment of identified needs, updating and sharing of medical information, and oversight of medical prescriptions and continuity of care
Child Abuse Prevention and Treatment Act (2010)	Includes automatic referral to the state's IDEA Part C program (in Connecticut, the Birth to Three System) of <u>young children involved in substantiated abuse or neglect cases</u> for whom developmental delay is suspected
Child and Family Services Improvement and Innovation Act (2011)	Includes health equity, electronic health records; links to Systems of Care, protocols for psychotropic medication oversight and monitoring, strategies for meeting mental health needs. Require states to screen for and treat emotional trauma associated with maltreatment and removal; and evidence-based trauma intervention for foster care youngsters

...and the federal Affordable Care Act (ACA) provides new opportunities for the children and families we serve.

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ACA includes a provision to support the expansion of early childhood home visitation programs for families at risk including those in the child welfare system.

Starting on January 1, 2014, former youth in foster care will be able to maintain their existing Medicaid coverage until the age of 26 regardless of their income.

ACA requires that transition plans for youth aging out of foster care include information about health insurance options and identification of a health care proxy.

Care coordination and consumer voice are core elements in the ACA

Federal innovation grants and modified reimbursement rates create opportunities for breakthrough change.

2013 State Laws Focus on Mental Health

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PA 13-3 includes:

- ❑ 20-member task force, including DCF, to study the provision of behavioral health services in Connecticut and report to the legislature by February 1, 2014.
- ❑ DCF to implement a regional behavioral health consultation and care coordination program for primary care providers who serve children (ACCESS MH) by January 1, 2014

Online at -- www.cga.ct.gov/2013/ACT/pa/pdf/2013PA-00003-R00SB-01160-PA.pdf

2013 State Laws Focus on Mental Health and Early Intervention

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PA 13-178 includes:

DCF to develop a comprehensive plan to (1) meet children's mental, emotional, and behavioral health needs of all children and to (2) prevent or reduce the long-term negative impact of mental, emotional, and behavioral health issues on children.

Key plan requirements include:

- ❑ Prevention-focused techniques including early identification and intervention
- ❑ Access to developmentally-appropriate services
- ❑ Comprehensive care within a continuum of services
- ❑ Engaging families, youth and communities in planning, delivery and evaluation
- ❑ Sensitivity to diversity re race, culture, religion, language and ability
- ❑ RBA measures to track progress and data-informed QA strategies
- ❑ Improving integration of school and community-based services
- ❑ Collaboration with DPH re family and youth engagement in medical homes
- ❑ Collaboration with DSS to increase awareness of 2-1-1
- ❑ Collaboration with each program that receives public funding to address mental health needs of children, including data collection re response times, provider availability and access.

2013 State Laws Focus on Early Intervention

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Bill Number 6705 includes:

- ❑ Effective October 1, 2013, DCF must ensure that each child 36 months or younger who has been substantiated as a victim of abuse or neglect is screened for both developmental and social- emotional delays using validated assessment tools such as the Ages & Stages
- ❑ Screenings are administered to any such child twice annually, unless such child has been found to be eligible for the birth-to-three program.
- ❑ Effective July 1, 2015, the same is required of children in the DCF Family Assessment Program (FAR, the DCF differential response)
- ❑ Effective July 1, 2014, prepare annually a report to the CGA including data on young children substantiated for abuse or neglect, served by FAR, screened for developmental delays, referred to the B-3 program and receiving evidence-based services through B-3 or a contracted provider.

Family-Centered “Everything”

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Strategy 2: Apply strength-based, family-centered policy, practice and supports agency-wide

- 2.1 Fully implement Child and Family Teaming
- 2.2 Support and evaluate the DCF Family Assessment Response System (i.e., differential response)
- 2.3 Assure sibling connections
- 2.4 Expand and support kinship foster family care
- 2.5 Integrate the DCF Fatherhood Initiative within strength-based case practice
- 2.6 *Meet Juan F* Consent Decree Case Planning requirements

In-home and community services

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Strategy 3: Develop or expand regional networks of in-home and community services

- 3.1 Build out the DCF regional structure
- 3.2 Expand regional service *system* development
- 3.3 Expand family and community services
- 3.4 Increase family foster care recruitment, support and services
- 3.5 Implement federal trauma and supportive housing awards
- 3.6 Satisfy *Juan F* Consent Decree “needs met” requirements



Continue public and private sector congregate work

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Strategy 4: Congregate rightsizing and redesign

- 4.1 Improve services at the Albert J. Solnit Children's Center, North and South Campuses
- 4.2 Improve services at the Connecticut Juvenile Training School to better meet the needs of Raise the Age youth and launch a new secure CJTS girls' unit on the grounds of the Solnit Center South (Pueblo)
- 4.3 Better utilize Behavioral Health Partnership data and accountability information
- 4.4 Continue private sector congregate redesign and rightsizing

NOTE: See Strategy #7 on public-private sector training related to family engagement, adolescent development, educational performance and trauma-informed care for public and private congregate providers

Identified populations

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Strategy 5: Address the needs of identified populations of children and families

- 5.1 Improve well-being for younger children (B-6) in the care of young parents, grandparents or relative caregivers, and foster families
- 5.2 Develop permanency plans for DCF youth without them
- 5.3 Assure that DCF youth transition to adult services in a timely and efficient manner
- 5.4 Assist families with multi-generational DCF involvement who face the following challenges:
 - ❑ Chronic substance abuse, domestic violence and/or parental mental health issues
 - ❑ Incarceration of a parent
 - ❑ Chronic income, food and/or housing insecurity
 - ❑ Racial prejudice.

Community and state agency partnerships

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Strategy 6: Support collaborative partnerships with communities and other state agencies

- 6.1 Expand Interagency Agreements as needed
- 6.2 Implement interagency real time data exchange
- 6.3 Foster linkages among community collaboratives, including early childhood community partnerships
- 6.4 Participate in national partnership work, including
 - Harvard University Frontiers of Innovation
 - Georgetown University Crossover Youth
 - Casey Family Program Communities of Hope
 - Alliance for Racial Justice in Child Welfare
 - Center for the Study of Social Policy Strengthening Families
 - National Governors Association Three-Branch Institute

Building a healthy and effective workforce

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Strategy 7: Support the public and private sector workforce

- 7.1 Expand DCF Worker Support Teams and **support DCF Diversity Action Teams**
- 7.2 Continue DCF staff leadership development through coaching, mentoring **and reflective supervision**
- 7.3 Expand DCF Provider Academy training partnerships and courses
- 7.4 Support public-private sector training through the Continuum of Care Partnership **guided by the DCF seven cross-cutting themes**

Manage both change and ongoing operations

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Strategy 8: Increase the capacity of DCF to manage ongoing operations *and* change

- 8.1 Revise policy and practice guidelines
- 8.2 Improve management practices, including RBA implementation and performance contracting
- 8.3 Expand internal data systems **and external data sharing**
- 8.4 Expand the use of evidence-based & promising program models
- 8.5 Support DCF collaborative management structures, including the Change Management Committee and Communities of Practice
- 8.6 Improve strategic communications
- 8.7 Expand workforce development (see Strategy 7)

Maximize revenue and reinvestment

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Strategy 9: Develop revenue maximization and reinvestment priorities and methods

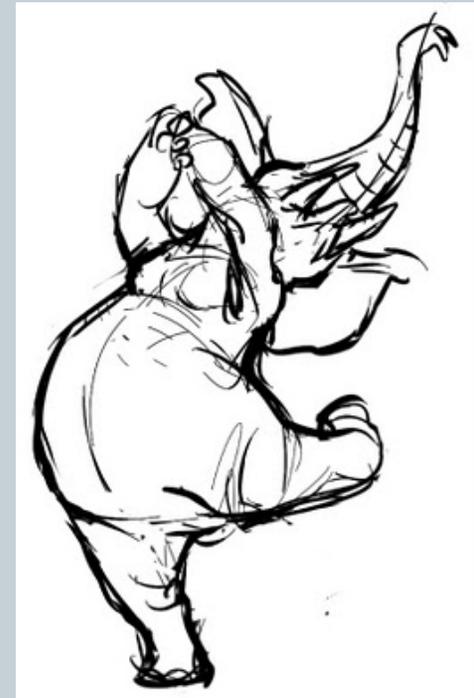
- 9.1 Continue fiscal planning based on the Strategic Plan
- 9.2 Continue fiscal reallocation to family and community services
- 9.3 Expand federal revenue maximization
- 9.4 Create new fiscal partnerships (including with philanthropy and business) to support social impact and entrepreneurship efforts and innovation

It's all about execution...

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“At the end of the day a successful, focused enterprise is one that has developed a deep understanding of its customers’ needs, its competitive environment, and its economic realities. This comprehensive analysis must then form the basis for specific strategies that are translated into day-to-day execution.”

Lou Gerstner describing the transformation of IBM in *Who Says Elephants Can't Dance?* (2002)



Why?

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Here are some of the 25,000 reasons...

